**Hemp disease testing form**

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<th>Company:</th>
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<td>Contact person:</td>
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<td>Invoicing email address:</td>
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All Tests available: AMV, ArMV, CMV, TMV, TRSV, ToRSV, TSV, BCTV, LCV, HLvd, Phytoplasma (PP)

**Sample Type** *(circle all that apply)*:
- Stem
- Petioles/Leaves
- Roots
- Other: ______

**Sample ID**

<table>
<thead>
<tr>
<th>Sample ID</th>
<th>Description of sample:</th>
<th>HLvd Screening</th>
<th>AMV, CMV, TMV, TRSV, ToRSV, TSV, BCTV, LCV, HLvd (PCR)</th>
<th>ISO-ID</th>
<th>Choose your own tests</th>
<th>Additional Requests/Special instructions etc.</th>
<th>Symptom Descriptions (eg. Leaf lesions, wilt, poor growth)</th>
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☐ I have read and agreed on Terms and Conditions (see website: www.allcropsolutions.com)

Signature: __________________________ Date: ________________________

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